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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Council of Life Insurers Political Action Committee 101 Constitution Ave., NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20001 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00147066 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2010 06 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Donald L. Walker Type or Print Name of Treasurer Electronically Filed by Mr. Donald L. Walker 07 15 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2/35

Write or Type Committee Name American Council of Life Insurers Political Action Committee D D [®]D 06 0 1 2010 0.6 3 0 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 73931.75 January 1 (b) Cash on Hand at 20822.10 Begining of Reporting Period 51321.08 208211.93 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 72143.18 282143.68 6(a) and 6(c) for Column B) 19050.00 229050.50 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 53093.18 53093.18 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 35

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From: 0 6

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2010

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I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	12835.94	41603.96
(ii) Unitemized	4485.14	20507.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17321.08	62111.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	34000.00	144500.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	51321.08	206611.93
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	1600.00
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	51321.08	208211.93
Total Federal Receipts (subtract Line 18(c) from Line 19)	51321.08	208211.93

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 35

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures: Shared Federal/Non-Federal		
(0	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b	Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
(C	, , ,	0.00	0.00
_	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	ransfers to Affiliated/Other Party	0.00	0.00
	ommitteesontributions to	0.00	0.00
	ederal Candidates/Committeesd Other Political Committees	10250.00	214850.50
	dependent Expenditure	10230.00	214030.30
	se Schedule E)	0.00	0.00
. Ċ	oordinated Expenditures Made by Party		
Ç	ommittees (2 U.S.C. 441a(d)) se Schedule F)	0.00	0.00
(0	30 Ochodule i /		
. Lo	oan Repayments Made	0.00	0.00
. Lo	pans Made	0.00	0.00
	efunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	That I ditious definitions		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	2.22	
	(such as PACs)	0.00	0.00
(d	·	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
). O	ther Disbursements	8800.00	14200.00
). U	ther disbursements	8800.00	14200.00
). F	ederal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	2.22
	(i) Federal Share	0.00	0.00
	Г	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1 7	otal Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19050.00	229050.50
	3. 74. 73. 70. 71. 70(U). 79 800 30(C))	10000.00	223030.30
2	Fotal Federal Disbursements		
2 2			

DETAILED SUMMARY PAGE

of Disbursements

5 / 35 FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) from Line 11(d), page 3)	51321.08	206611.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51321.08	206611.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 6/35 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Polit	name and ad	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. C. Robert Henrikson Mailing Address 1095 Avenue of the An	nericas		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 35092340
	New York FEC ID number of contributing federal political committee.	C	10036-6797	Amount of Each Receipt this Period 1250.00
	Name of Employer MetLife, Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n of the Board, President & C e Year-to-Date ▼ 1250.00	CEO
В.	Full Name (Last, First, Middle Initial) Mr. John J. Craig, II Mailing Address 101 N. Euclid Ave Unit 25 City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Oak Park FEC ID number of contributing federal political committee.	C	60301-1427	Amount of Each Receipt this Period 450.00
	Name of Employer Sammons Financial Group Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate		
С.	Full Name (Last, First, Middle Initial) Mr. Esfandyar E. Dinshaw Mailing Address 3615 131st Street			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>Urbandale</u>	State IA	Zip Code 50323-1714	Transaction ID: 35176881 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		450.00
	Name of Employer Sammons Financial Group	Occupation CEO	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
	SUBTOTAL of Receipts This Page (optional)			2150.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 35 (check only one) X
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Mr. Garth A. Garlock			Date of Receipt
	Mailing Address 525 West Van Buren City	State	Zip Code	Transaction ID: 35176887
	Chicago FEC ID number of contributing federal political committee.	C	60607-3823	Amount of Each Receipt this Period 300.00
	Name of Employer North American Company for Life & Heal Receipt For: Primary General Other (specify) ▼	1	n ice President & Chief Market e Year-to-Date ▼ 300.00	tin
— В.	Full Name (Last, First, Middle Initial) Mr. Gary J. Gaspar Mailing Address 1162 Banyon Court			Date of Receipt 0 6 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: 35177417
	Naperville FEC ID number of contributing federal political committee.	C	60540-6344	Amount of Each Receipt this Period 300.00
	Name of Employer North American Company for Life & Heal Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		ice President & CIO e Year-to-Date 300.00	
_ C.	Full Name (Last, First, Middle Initial) Mr. Stephen P. Horvat, Jr. Mailing Address 318 Vonder Lane			Date of Receipt
	City	State	Zip Code	0 6 1 4 2 0 1 0 Transaction ID: 35177621
	Geneva FEC ID number of contributing federal political committee.	C	60134-2874	Amount of Each Receipt this Period 300.00
	Name of Employer Sammons Financial Group	Occupatio Senior V	n ice President, General Coun	sel
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insurers Poli	itical Action Committee	
Full Name (Last, First, Middle Initial) Mr. Michael M. Masterson, CLU		Date of Receipt
Mailing Address 445 East North Water Apt. 1405 City	State Zip Code	0 6 1 4 2 0 1 0 Transaction ID: 35178716
<u>Chicago</u>	IL 60611-5535	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Sammons Financial Group	Occupation Chairman of the Board & Chief Execut	- iγ
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Cindy K. Reed		Date of Receipt
Mailing Address P.O. Box 114		06 14 2010
City	State Zip Code	Transaction ID: 35178722
Osceola FEC ID number of contributing federal political committee.	IA 50213-0114	Amount of Each Receipt this Period 350.00
Name of Employer Midland National Life Ins- urance Compan	Occupation President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mr. Eugene Choate	I	Date of Receipt
Mailing Address 4370 Peachtree Road	, NE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 35187209
Atlanta	GA 30319-3054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Bankers Fidelity Life Ins- urance Compan	Occupation President	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 2000.00	
Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional)		3350.00
TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/35 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Council of Life Insurers Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Mr. Jeffrey D Rouch			Date of Receipt
	Mailing Address 3893 Riverview Dr. City	State	Zip Code	0 6 2 3 2 0 1 0
	Columbus	OH	43221-4911	Transaction ID: 35458325 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Nationwide Life Insurance Company	Occupation Senior V	on lice President, Corporate Rel	 at
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Steven C. Palmitier			Date of Receipt
	Mailing Address 17 S. Bruner			06 30 2010
	City	State	Zip Code	Transaction ID: 35491157
	Hinsdale	IL	60521-3002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Midland National Life Ins- urance Compan	, '	t & Chief Operating Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
C.	Full Name (Last, First, Middle Initial) Mr. Ron G. Ottenbacher			Date of Receipt
	Mailing Address 2001 Rose Creek Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 35491375
	Fargo FEC ID number of contributing federal political committee.	C	58104-6804	Amount of Each Receipt this Period 300.00
	Name of Employer Midland National Life Ins- urance Compan	Occupation SVP, Co	on rporate Markets	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .			900.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 35 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Pole	Statements may not be sold or used by any persone name and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Robert Tekolste Mailing Address One Sammons Plaza City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Midland National Life Insurance Compan Receipt For: Primary General Other (specify)	State Zip Code SD 57193-1001 C Occupation Executive Vice President Operations Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: 35491845 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Mr. Donald T. Lyons Mailing Address 5553 Beechtree Drive City West Des Moines FEC ID number of contributing federal political committee. Name of Employer Sammons Financial Group Receipt For: Primary General Other (specify)	State Zip Code IA 50266-6914 C Occupation Senior Vice President Aggregate Year-to-Date 300.00	Date of Receipt M M C 29 2010 Transaction ID: 35492235 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Mr. Joseph E. Paul Mailing Address 4310 9th Street WEst City West Fargo FEC ID number of contributing federal political committee. Name of Employer Midland National Life Insurance Compan Receipt For: Primary General Other (specify)	State Zip Code ND 58078-8244 C Occupation Actuary Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a	
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any person	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)	the name and add	aress or arry political committee to	Solicit Contributions from Such committee.	
American Council of Life Insurers P	olitical Action (Committee		
Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent			Date of Receipt	
Mailing Address 101 Constitution Avenue Suite 700			06 30 7 2010	
City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR1120489719525 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		99.00	
Name of Employer American Council of Life Insurers	Occupation Senior C	n ounsel, State Relations		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 594.00	P/R Deduction (\$49.50 Semination in the seminati	
Full Name (Last, First, Middle Initial) Mr. Donald L. Walker			Date of Receipt	
Suite 700	Suite 700			
City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR1156427119525 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		100.00	
Name of Employer American Council of Life Insurers	Occupation SVP, Add	n ministration & CFO	7	
Receipt For:	Aggregate	Year-to-Date	7	
Primary General Other (specify) ▼	0 0	600.00	P/R Deduction (\$50.00 Semi-Monthly)	
Full Name (Last, First, Middle Initial) Mr. Peter L. Tedone			Date of Receipt	
Mailing Address 32 Lincoln			0 6 3 0 2 0 1 0	
City	State	Zip Code	Transaction ID: PR1503560119525	
Weatogue	СТ	06089-9780	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		62.00	
Name of Employer Vantis Life Insurance Com- pany	, , , , , , , , , , , , , , , , , , , ,	t & Chief Executive Officer		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 403.00	P/R Deduction (\$31.00 Bi- Weekly)	
			261.00	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 35 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life historers Follows	ilicai Action	Committee	
	Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh			Date of Receipt
	Mailing Address 101 Constitution Ave, 101 Constitution Ave,			06 30 2010
	City	State	Zip Code	Transaction ID: PR1550105919525
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		359.38
	Name of Employer American Council of Life Insurers	Occupation Executive	n e Vice President	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2156.28	P/R Deduction (\$179.69 Se- mi-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. Robert H. Neill Jr., Jr.		0 0 0 0 0 0 0	Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700			06 30 7 2010
	City	State	Zip Code	Transaction ID: PR1554864819525
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer American Council of Life Insurers	Occupation Senior C	ounsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Ms. Gail Steinberg			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700			06 30 7 2010
	City Washington	State DC	Zip Code	Transaction ID: PR1565786719525
	Washington FEO ID and the street in the stre		20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Council of Life Insurers	, ' 	ve Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)			499.38

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports an for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Council of Life Insurers P	the name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\angle		Ontioal Action		
	Full Name (Last, First, Middle Initial) Ms. Shannon N. Salinas			Date of Receipt
	Mailing Address 101 Constitution Av Suite 700	e, NW		06 30 4 2010
	City	State	Zip Code	Transaction ID: PR1647849719525
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Council of Life	Occupation	on , Taxes & Retirement Securit	W.
	Insurers Receipt For:		e Year-to-Date	y
	Primary General Other (specify) ▼	riggi ogai	240.00	P/R Deduction (\$20.00 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Ms. Stephanie Baker			Date of Receipt
	Mailing Address 6652 Loch Hill Road	d		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1719284419525
	Baltimore	MD	21239-1644	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Baltimore Life Insurance Company	Occupation Assoc. \	on /ice President, New Business	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	487.50	P/R Deduction (\$37.50 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Kathleen F. Kiernan-Pagani			Date of Receipt
	Mailing Address 101 Constitution Av Suite 700	e, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1728112719525
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		147.92
	Name of Employer American Council of Life	Occupation Sr. Cour	on nsel, State Relations	
	Insurers Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	.55. 134.	535.84	P/R Deduction (\$73.96 Sem- i-Monthly)
Г	SUBTOTAL of Receipts This Page (optional	<u> </u>		262.92

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 35 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Council of Life Insurers P	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
/ monoan ocunem er zine mearere i		, o	
Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes			Date of Receipt
Mailing Address 101 Constitution Av Suite 700 West	renue, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR771358219525
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.42
Name of Employer American Council of Life Insurers	Occupation Executive	n e Vice President & General C	Coh
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1802.51	P/R Deduction (\$150.21 Semi-Monthly)
Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham	NNA/		Date of Receipt
Mailing Address 101 Constitution Av Suite 700 West	06 30 2010		
City	State	Zip Code	Transaction ID: PR771362419525
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		104.58
Name of Employer American Council of Life Insurers	Occupation Vice Pres	n sident, Conference Developn	nent
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 627.48	P/R Deduction (\$52.29 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Mr. John F. Dolan			Date of Receipt
Mailing Address 101 Constitution Av Suite 700 West			06 30 7 2010
City	State	Zip Code	Transaction ID: PR771365419525
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			60.00
Name of Employer American Council of Life Insurers		sident, Media Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Semi-
SUBTOTAL of Receipts This Page (optiona	1)		465.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 35 (check only one) X
<i>A</i>	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Polit	ical Action (Committee	
	Full Name (Last, First, Middle Initial) Ms. Barbara A. Price			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	ue, NW		06 30 2010
	City	State	Zip Code	Transaction ID: PR771369019525
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		57.00
	Name of Employer American Council of Life Insurers	Occupation Vice Pres	n s., Legislative & Regulatory I	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		342.00	P/R Deduction (\$28.50 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson	Date of Receipt		
	Mailing Address 101 Constitution Avenu Suite 700 West	06 30 2010		
	City	State	Zip Code	Transaction ID: PR771373219525
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		271.88
	Name of Employer American Council of Life Insurers	Occupation Senior Vi	n ice President, State Relation:	s l
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	1631.28	P/R Deduction (\$135.94 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Ms. Shawn Hausman			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	ue, NW		0 6 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771373519525
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.72
	Name of Employer American Council of Life Insurers		President, Public Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.16	P/R Deduction (\$27.86 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)			384.60

SCHEDULE A (FEC For ITEMIZED RECEIPTS	use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Report for commercial purposes, other than	orts and Statements may not be sold or used by any person using the name and address of any political committee to so	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Council of Life Insu	rers Political Action Committee	
Full Name (Last, First, Middle Initia Mr. David M. Leifer	l)	Date of Receipt
	on Avenue, NW st	M M / D D / Y Y Y Y Y O D D / 2010
City Washington	State Zip Code DC 20001-2133	Transaction ID: PR771374019525 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer American Council of Life Insurers	Occupation Vice President & Associate General Co	u u
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	P/R Deduction (\$75.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initia Mr. David R. Wentworth])	Date of Receipt
Mailing Address 101 Constitut Suite 700 We	0 6 3 0 Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: PR771376019525
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer American Council of Life Insurers	Occupation Vice President, Research	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	P/R Deduction (\$30.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initia Mr. C. Bryan Cox)	Date of Receipt
Mailing Address 101 Constitut Suite 700 We	on Avenue, NW	06 30 7 2010
City	State Zip Code	Transaction ID: PR771376819525
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	49.34
Name of Employer American Council of Life Insurers	Occupation Regional Vice President, State Relatio	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 296.03	P/R Deduction (\$24.67 Sem- i-Monthly)
SURTOTAL of Receipts This Page (optional)	259.34

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Polit	tical Action	Committee	_
۱.	Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS	N IVA /		Date of Receipt
	Mailing Address 101 Constitution Ave, I Suite 700	NVV		06 30 2010
	City	State	Zip Code	Transaction ID: PR771377119525
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer American Council of Life Insurers	Occupation Regional	n Vice President, State Relation	0
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1200.00	P/R Deduction (\$100.00 Semi-Monthly)
- 3.	Full Name (Last, First, Middle Initial) Ms. Kimberly O. Dorgan			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	06 30 / Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR771395119525
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer American Council of Life Insurers	. '	xecutive Vice President, Pub	<u>li</u>
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - I - 1' (\$000 00 0
	Other (specify)		2499.96	P/R Deduction (\$208.33 Semi-Monthly)
. –	Full Name (Last, First, Middle Initial) Mr. Morris Goff			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	· 		06 30 7 2010
	City	State DC	Zip Code	Transaction ID: PR771419319525
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		182.26
	Name of Employer American Council of Life Insurers		sident, Federal Relations	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1093.56	P/R Deduction (\$91.13 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)	•		798.92

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Council of Life Insurers P	the name and add	dress of any political committee to s	for the purpose of soliciting contributions
American Council of Life insurers P	Ontical Action C	Johnnillee	
Full Name (Last, First, Middle Initial)			
Mr. Frank A. Keating	NDA/		Date of Receipt
Mailing Address 101 Constitution Av Suite 700 West	enue, NVV		06 30 2010
City	State	Zip Code	Transaction ID: PR771419719525
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.66
Name of Employer American Council of Life	Occupation President		-
Insurers Receipt For:		Year-to-Date ▼	1
Primary General Other (specify) ▼	Aggregate	2499.96	P/R Deduction (\$208.33 Semi-Monthly)
Full Name (Last, First, Middle Initial) Ms. Brenda S. Nation			Date of Receipt
Mailing Address 101 Constitution Av Suite 700 West	0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: PR771419919525
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer American Council of Life Insurers	Occupation Regional	n Vice President, State Relatio	
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		900.00	P/R Deduction (\$75.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Ms. Debra K. West	 		Date of Receipt
Mailing Address 101 Constitution Av Suite 700 West	enue, NW		06 30 7 2010
City	State	Zip Code	Transaction ID: PR771421019525
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			100.00
Name of Employer American Council of Life Insurers	Occupation Regional	n Vice President, State Relatio	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Sem- i-Monthly)
SUBTOTAL of Receipts This Page (optional)		666.66

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 35 (check only one) X
or 1	y information copied from such Reports and St or commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politi	ical Action (Committee	
۸.	Full Name (Last, First, Middle Initial) Mr. Michael Lovendusky			Date of Receipt
	Mailing Address 101 Constitution Ave, N Suite 700	/W		06 30 7 2010
	City	State DC	Zip Code	Transaction ID: PR771421119525
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 40.00
	Name of Employer American Council of Life Insurers Receipt For:		sident & Associate General C	- Cou
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Sem- i-Monthly)
 3.	Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith			Date of Receipt
	Mailing Address 101 Constitution Ave, N Suite 700 West	06 30 7 2010		
	City	State	Zip Code	Transaction ID: PR771422919525
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 67.38
	Name of Employer American Council of Life Insurers	Occupation PAC Direction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 404.28	P/R Deduction (\$33.69 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Ms. Lisa Tate			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700	ıe, NW		0 6 3 0 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771423219525
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 80.00
	Name of Employer American Council of Life Insurers			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Sem- i-Monthly)
SI	JBTOTAL of Receipts This Page (optional)			187.38

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any inf	formation copied from such Reports and Statement of the commercial purposes, other than using the r	atements may	y not be sold or used by any persor	for the purpose of soliciting contributions
	ME OF COMMITTEE (In Full)	Solidi, Collinguation of Horn Cool Collinguation		
\	nerican Council of Life Insurers Politi	cal Action (Committee	
	Name (Last, First, Middle Initial) John P. Gerni			Date of Receipt
	iling Address 101 Constitution Ave, N Suite 700	06 30 7 2010		
City		State	Zip Code	Transaction ID: PR771428719525
<u>Wa</u>	ashington	DC	20001-2133	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		126.66
	me of Employer lerican Council of Life urers	Occupatio Regional	n Vice President, State Relatio	
	ceipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		759.97	P/R Deduction (\$63.33 Sem- i-Monthly)
	l Name (Last, First, Middle Initial) Juan Carlos Scott	Date of Receipt		
	iling Address 101 Constitution Ave, N Suite 700 West	06 30 7 2010		
City		State	Zip Code	Transaction ID: PR771428819525
<u>W</u> a	ashington	DC	20001-2133	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С		135.00
	me of Employer lerican Council of Life urers	Occupatio Senior V	n ice President, Federal Relatio	
	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		810.00	P/R Deduction (\$67.50 Semi-Monthly)
	I Name (Last, First, Middle Initial) David C. Turner			Date of Receipt
	iling Address 101 Constitution Ave, N Suite 700	IW		0 6 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	·	State	Zip Code	Transaction ID: PR771428919525
<u>Wa</u>	ashington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			244.66
	me of Employer lerican Council of Life urers	Occupatio EVP, Ch	n ief of Staff & Corp. Secretary	
Red	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1467.97	P/R Deduction (\$122.33 Semi-Monthly)
			.	506.32

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ry of the				
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used name and address of any politica	d by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Council of Life Insurers Polit	cal Action Committee					
Full Name (Last, First, Middle Initial) Ms. Alane R. Dent		Date of Receipt				
Mailing Address 101 Constitution Ave, N Suite 700	Mailing Address 101 Constitution Ave, NW					
City Washington	State Zip Code DC 20001-2133	Transaction ID: PR771444319525 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	60.66				
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal R	Relations				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$30.33 Sem-i-Monthly)				
Full Name (Last, First, Middle Initial) Mr. T. Scott Dixon		Date of Receipt				
Mailing Address 101 Constitution Avenu Suite 700 West	0 6 3 0 / Y Y Y Y Y					
City <u>Washington</u>	State Zip Code DC 20001-2133	Transaction ID: PR771444919525 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	40.00				
Name of Employer American Council of Life Insurers	Occupation Finance Director					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Semi-Monthly)				
Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio		Date of Receipt				
Mailing Address 101 Constitution Avenu Suite 700	e NW	0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Washington	State Zip Code DC 20001-2133	Transaction ID: PR771449619525 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer American Council of Life Insurers	Occupation Senior Vice President					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$25.00 Semi-Monthly)				
SUBTOTAL of Receipts This Page (optional)		150.66				
TOTAL This Period (last page this line number of	only)					

-	Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action (In Full)		dress of any political committee to	FOR LINE NUMBER: PAGE 22 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Maurice Perkins Mailing Address 101 Constitution Ave. Suite 700 City		Zip Code	Date of Receipt M M
	Washington FEC ID number of contributing federal political committee.	DC C	20001-2133	Amount of Each Receipt this Period 193.76
	Name of Employer American Council of Life Insurers Receipt For: Primary Other (specify) ▼	_ '	n sident, Federal Relations • Year-to-Date ▼ 1162.55	P/R Deduction (\$96.88 Semin-Monthly)
В.	Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman Mailing Address 101 Constitution Average Suite 700 City	nue, NW	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Washington FEC ID number of contributing federal political committee.	DC C	20001-2133	Amount of Each Receipt this Period 50.00
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	- 	Insurance Regulation e Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Sem-i-Monthly)

SUBTOTAL of Receipts This Page (optional)	•	243.76
TOTAL This Period (last page this line number only)		12835.94

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 35 (check only one) 11a 11b X 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	the name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Pacific Life PAC Mailing Address 700 Newport Center City	State	Zip Code	Date of Receipt 0 6 0 1 2 0 1 0 Transaction ID: 35092353
Newport Beach FEC ID number of contributing federal political committee.		92660 068528	Amount of Each Receipt this Period 5000.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Mutual of Omaha Companies PAC Mailing Address Mutual of Omaha Pl	aza		Date of Receipt 0 6 0 7 2 0 1 0
City	State	Zip Code	Transaction ID: 35109922
<u>Omaha</u>	NE	68175	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		094581	5000.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼ 5000.00]
Full Name (Last, First, Middle Initial) Allstate Insurance PAC			Date of Receipt
Mailing Address 2775 Sanders Road Suite A4			06 08 7 2010
City	State	Zip Code	Transaction ID: 35114910
Northbrook FEC ID number of contributing federal political committee.	C C00	60062 040253	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	1	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00]
SUBTOTAL of Receipts This Page (optional)		12500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 35 (check only one) 11a 11b X 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	he name and add	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Allianz/Fireman's Fund Insurance Company PA Mailing Address 1101 Connecticut Av City Washington FEC ID number of contributing federal political committee. Name of Employer	AC re, NW #950 State DC	Zip Code 20036 095109	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3500.00	
Full Name (Last, First, Middle Initial) Protective Life Corp. PAC Mailing Address P. O. Box 2606			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 35167103
Birmingham	AL	35202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		161414	5000.00
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial)			
Nationwide Political Participation Committee O Mailing Address One Nationwide Plaz			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 35187207
Columbus	OH	43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		076174	5000.00
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)			13500.00

	SCHEDIII E A (EEC Earm 2V)			FOR LINE NUMBER: PAGE 25 / 35				
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)				
	ITEMIZED RECEIPTS		for each category of the	11a 11b X 11c 12				
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements ma	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)							
	American Council of Life Insurers Politic	American Council of Life Insurers Political Action Committee						
Α.	Full Name (Last, First, Middle Initial) Amica FED-PAC							
	Mailing Address P.O. Box 6008	0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: 35636272				
	Providence	RI	02940	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C C00	0268987	3000.00				
	Name of Employer	Occupatio	n	_				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00					
В.	Full Name (Last, First, Middle Initial) HSBC North America PAC (H-PAC)			Date of Receipt				
	Mailing Address 26525 N. Riverwoods Bl		06 30 7 2010					
	City	State	Zip Code	Transaction ID: 35636273				
	<u>Mettawa</u>	<u>IL</u>	60045	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C C00	0033423	5000.00				
	Name of Employer	Occupatio	n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00					

SUBTOTAL of Receipts This Page (optional)	<u> </u>	8000.00
TOTAL This Period (last page this line number only)	•	34000.00

		o (FEC FOIIII	•	Use sen	parate schedule(s)				NUMBE	R:			PAGE	26/3	35
ITI	EMIZED DIS	SBURSEMEN	NTS	for each	category of the Summary Page		(CI	neck only 21b 27	22 28a	X	23 28b	24 28		25 29	П
or f	or commercial pur NAME OF COM	ed from such Reports rposes, other than us MITTEE (In Full) ncil of Life Insurel	sing the name	and addre	ess of any politica				or the pu			oliciting	contri		-
	•	First, Middle Initial) ncil of Life Insure		,					Date		isburse	3513 ement		0 2 0 1 0) ^Y
	City	101 Constitution Suite 700		v State	Zip Code					ınt o				nt this F	
	Washington Purpose of Disbu	rsement ental (\$400) staff tim		DC	20001	Г	01	1		•			6	675.00)
	Candidate Name Mr. Michael A.	Oliverio			(\psi Z73) for event			jory/							
	Office Sought: State: WV	X House Senate President District: 01	Disburse	ment For: Primary Other (sp	2010 X General ecify) ▼				(\$400)) st our	aff tin	m rent ne and 3275) f	luse		
	•	Name (Last, First, Middle Initial) owe for Senate	-						Date	of D	isburse				V
	Mailing Address P.O. Box 2012								0 6	М	[/] 2	3 /	, 2	ž o i o)
	City Portland			State ME	Zip Code 04104				Amou	ınt o	f Each	Disbur		nt this F	
	Purpose of Disbu Candidate Name Olympia Snow						01 ateg	jory/	L.				1(00.00)
	Office Sought:	House X Senate President District:	Disburse	ment For: Primary Other (sp	2012 General Pecify)										
		First, Middle Initial)							Date	of D	on ID:	354	51430	0	
	Mailing Address	217 Third Stre	et, SE						0 ^M 6	М	[/] 2	3	Y 2	ž 0 ž 0) ^Y
	City Washington			State DC	Zip Code 20003				Amou	ınt o	f Each	Disbur		nt this F	
	Purpose of Disbu Candidate Name Patrick Tiberi	ırsement					01 ateg	jory/	<u></u>		•		1(00.00)
	Office Sought:	X House Senate President	Disburse	ment For: Primary Other (sp	2010 X General ecify) ▼										
	State: OH	District: 12													

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			E NUMBE	R: PAGE 27/35
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NAME OF COMMITTEE (In Full)		7,1				
American Council of Life Insurers Politica	l Action Co	mmittee				
Full Name (Last, First, Middle Initial)					Trans	action ID: 35451431
Richard E. Neal for Congress Committee						of Disbursement
Mailing Address 76 Magnolia Terrace					0.6	M / 23 / Y 2010 Y
City Springfield	State MA	Zip Code 01108			Amou	nt of Each Disbursement this Perio
Purpose of Disbursement				-		1000.00
Candidate Name)11		
Richard Neal				egory/ ype		
-	sement For:	2010				
Senate President	Other (spe	General cify)				
State: MA District: 02		• •				
Full Name (Last, First, Middle Initial) Gillibrand For Senate						action ID: 35451432
					Date of Disbursement	
Mailing Address 313 C Street Ne					0 6	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State DC	Zip Code 20002			Amou	nt of Each Disbursement this Perio
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Candidate Name			Cat	egory/		
Kirsten Gillibrand		0010	Т	уре		
-	sement For: C Primary	2010 General				
President	Other (spe	ecify)				
State: DC District: Full Name (Last, First, Middle Initial)					Tuene	eaction ID: 35451433
David Vitter For Us Senate					Date of	of Disbursement
Mailing Address PO Box 8175					0 ^M 6	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code 70011			Amou	nt of Each Disbursement this Perio
	State LA	Zip Code 70011			Amou	int of Each Disbursement this Perio
City Metairie Purpose of Disbursement)11	Amou	
City Metairie			Cat	011 regory/ rype	Amou	int of Each Disbursement this Perio
City Metairie Purpose of Disbursement Candidate Name Sen. David Vitter Office Sought: House Disburs	LA sement For:		Cat	egory/	Amou	
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City Metairie Purpose of Disbursement Candidate Name Sen. David Vitter Office Sought: House X Senate President	sement For: C Primary Other (spe	2010 General	Cat T	egory/ ype	Amou	

IT	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)		NUMBER: PAGE 28/35
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	7 one) 22
	y Information copied from such Reports and State for commercial purposes, other than using the nan			d by any person f	or the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica			r committee to so	ion contributions from such committee
/	Full Name (Last, First, Middle Initial) Heller For Congress				Transaction ID: 35451434 Date of Disbursement
	Mailing Address P.O. Box 531086				$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & D & Y \\ D & D & D & G \end{smallmatrix} \end{bmatrix}$
	City Henderson	State NV	Zip Code 89503		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name			011	1000.00
	Rep. Dean Heller	ement For:	2010	Category/ Type	
	State: NV District: 02	Primary Other (spe	X General		
	Full Name (Last, First, Middle Initial) Menendez For Senate	Middle Initial)		Transaction ID: 35451436 Date of Disbursement	
	Mailing Address P.O. Box 848				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z & J \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & J & O \\ Y & Z & O & J & O \end{bmatrix} $
	City Union City	State NJ	Zip Code 07087		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	1000.00
	Candidate Name Mr. Robert Menendez			Category/ Type	
		ement For: C Primary Other (spe	2012 General		
	State: N.I District:				
	State: NJ District: Full Name (Last, First, Middle Initial) Friends of Kent Conrad				Transaction ID: 35451437 Date of Disbursement
	Full Name (Last, First, Middle Initial)				
	Full Name (Last, First, Middle Initial) Friends of Kent Conrad	State DC	Zip Code 20002		Date of Disbursement M 6 M
	Full Name (Last, First, Middle Initial) Friends of Kent Conrad Mailing Address 426 C Street, NE City Washington Purpose of Disbursement			011	Date of Disbursement
	Full Name (Last, First, Middle Initial) Friends of Kent Conrad Mailing Address 426 C Street, NE City Washington Purpose of Disbursement Candidate Name Kent Conrad	DC	20002	011 Category/ Type	Date of Disbursement M 6 M
	Full Name (Last, First, Middle Initial) Friends of Kent Conrad Mailing Address 426 C Street, NE City Washington Purpose of Disbursement Candidate Name Kent Conrad Office Sought: House Disburs		20002 2012 General	Category/	Date of Disbursement M 6 M

	CHEDULE B (FEC FOIIII 3X)	Use separate schedule(s	separate scriedule(s) (check or			NE NUMBER: PAGE 29 / 35 only one)				5		
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	y Information copied from such Reports and Stat for commercial purposes, other than using the na											
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politic	al Action Committee										
<u>/</u>	Full Name (Last, First, Middle Initial) MENUS Catering by Occasions						action of Disk		3547 nent	5671		
	Mailing Address 5458 Third Street NE					0 ^M 6	M /	^D 2	9 /	^Y 2	0 Ĭ 0	Υ
	City Washington	State Zip Code DC 20011				Amou	nt of E	Each [Disburs		t this P	eriod
	Purpose of Disbursement In-Kind for catering for 6/14/10 lunch Candidate Name			01	-		-		•	3	77.00	•
	Mr. Michael A. Oliverio	rsement For: 2010		ateg Typ	-							
	Senate President	Primary X General Other (specify) ▼				In-Kir 6/14/	id for 10 lur	cate	ring to	r		
	State: WV District: 01 Full Name (Last, First, Middle Initial)								3547	5675		
	Oliverio For Congress Mailing Address P.O. Box 130						of Disk	D 2		Y Ž	0 Ĭ 0	Υ
	City Dellslow	State Zip Code WV 26351				Amou	nt of E	Each [Disburs	emen	t this P	erioc
	Purpose of Disbursement			01	1	L				4	48.00	
	Candidate Name Mr. Michael A. Oliverio		1	ateg Typ	-							
	Senate President	rsement For: 2010 Primary X General Other (specify) ▼										
	State: WV District: 01 Full Name (Last, First, Middle Initial) Scott Murphy For Congress						action of Disk		3547 nent	5680		
	Mailing Address 5 South Side Dr. #224					0 ^M 6	M /	^D 2	9 /	ž	0 1 0	Y
	City Clifton Park	State Zip Code NY 12065				Amou	nt of E	Each [Disburs		t this P	erioc
	Purpose of Disbursement			01						10	00.00	
	Candidate Name Rep. Scott Murphy			ateg Typ								
	Senate President	rsement For: 2010 X Primary General Other (specify)										
	State: NY District: 20 UBTOTAL of Disbursements This Page (optional)						-		•	400	25.00	•

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District: 08

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S	CHEDULE B (FEC Form 3X)	Use separa	ate schedule(s)	_	NUMBER:		PAGE	30 / 3	35	
IT	EMIZED DISBURSEMENTS	for each ca	ategory of the ummary Page	(check only	22 X		8c	25 29	П	26 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam								3	
\rangle	NAME OF COMMITTEE (In Full) American Council of Life Insurers Political	Action Com	nmittee							
	Full Name (Last, First, Middle Initial)				Transactio	on ID: 354	176023			
	Pete Sessions for Congress					sbursement	., 0020			
	Mailing Address P.O. Box 823047				06	^D 2 9 /	y y	0 Í () ^Y	
	City Dallas	State TX	Zip Code 75382		Amount of	Each Disbu			-	d
	Purpose of Disbursement			011			100	00.00)	
	Candidate Name Pete Sessions			Category/ Type						
	Office Sought: X House Senate President State: TX District: 32	ement For: Primary Other (speci	2010 X General ify) ▼							
	Full Name (Last, First, Middle Initial)				Transactio	n ID: 254	202428			
	Friends of John Tanner					sbursement		· V	V	
	Mailing Address 236 Massachusetts Ave, Suite 508	, NE			0 6	3 0	2	0 1 ()	
	City Washington	State DC	Zip Code 20002		Amount of	Each Disbu		-	-	d
	Purpose of Disbursement Void - Friends of John Tanner			011			-150	00.00)	
	Candidate Name John Tanner			Category/ Type						
	X X	ement For: C Primary Other (speci	2010 General		Void - Frie	ends of Jo	hn Ta-			

		500.00
SUBTOTAL of Disbursements This Page (optional)	>	-500.00
TOTAL This Period (last page this line number only)	•	10250.00

State: TN

	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	-	NUMBER: PAGE 31 / 35
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check onl	y one) 22 23 24 25 27 28a 28b 28c X 29
	y Information copied from such Reports and States for commercial purposes, other than using the r				
7	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politi			COMMITTILE TO SC	sicil contributions from Such confinitee
_		cai Action Co	mmillee		
	Full Name (Last, First, Middle Initial) Friends of Brian Dubie				Transaction ID: 35404408 Date of Disbursement
	Mailing Address P.O. Box 133				06 17 / 2010
	City Essex Junction	State VT	Zip Code 05453		Amount of Each Disbursement this Period
	Purpose of Disbursement Brian Dubie, GOVERNOR VT			011	500.00
	Candidate Name Lt. Gov. Brian Dubie			Category/ Type	
	Office Sought: Senate President State: Disb	ursement For: X Primary Other (spe	2010 General		Brian Dubie, GOVERNOR VT
	Full Name (Last, First, Middle Initial)				Transaction ID: 35405563
	Batchelder for Representative				Date of Disbursement
	Mailing Address 4086 Irvine Oval				06 7 17 7 2010
	City Medina	State OH	Zip Code 44256		Amount of Each Disbursement this Period
	Purpose of Disbursement William Batchelder, STATE HOUSE 69th OH		011	1000.00	
	Candidate Name Mr. William Batchelder			Category/ Type	
	Senate President	ursement For: Primary Other (spe	2010 X General ecify) ▼		William Batchelder, STATE HOUSE 69th OH
	State: OH District: 69 Full Name (Last, First, Middle Initial)				
	Sukut for House Committee				Transaction ID: 35405787 Date of Disbursement M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1603 Fourth Avenue	East			$\begin{array}{c c} \begin{array}{c c} M & M \\ \hline 0 & 6 \end{array} \end{array} \begin{array}{c c} \begin{array}{c c} D & D \\ \hline 1 & 7 \end{array} \end{array} \begin{array}{c c} \begin{array}{c c} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y $
	City Williston	State ND	Zip Code 58801		Amount of Each Disbursement this Period
	Purpose of Disbursement Gary Sukut, STATE HOUSE 1st ND			011	100.00
	Candidate Name ND Rep. Gary Sukut			Category/ Type	
	Senate President	ursement For: Primary Other (spe	2010 X General ecify) ▼		Gary Sukut, STATE HOUSE 1st ND
	State: ND District: 01				
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ĮΤ	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)	_	NUMBER: PAGE 32/35
• •	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 27	y one) 22 23 24 25 2 28a 28b 28c x 29
	y Information copied from such Reports and Sta				
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and addre	ess of any political	committee to so	ilicit contributions from such committee
\rangle	American Council of Life Insurers Politic	cal Action Co	ommittee		
	Full Name (Last, First, Middle Initial) Boe for House Committee				Transaction ID: 35409072 Date of Disbursement
	Mailing Address 5125 89th Street				06 17 / 2010
	City Mylo	State ND	Zip Code 58353		Amount of Each Disbursement this Period
	Purpose of Disbursement Tracy Boe, STATE HOUSE 9th ND Candidate Name			011 Category/	100.00
	ND Rep. Tracy Boe			Type	
	Office Sought: X House Senate President State: ND District: 09	Primary Other (spe	2010 X General ecify) ▼		Tracy Boe, STATE HOUSE 9th ND
	Full Name (Last, First, Middle Initial)				T ID 05400570
	Koppelman for House Committee				Transaction ID: 35409572 Date of Disbursement
	Mailing Address 513 First Avenue, NW				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & T & O \end{smallmatrix} \end{bmatrix}$
	City West Fargo	State ND	Zip Code 58078		Amount of Each Disbursement this Period
	Purpose of Disbursement Kim Koppelman, STATE HOUSE 13th ND		011	100.00	
	One Palata Name			Category/ Type	
	Candidate Name Representa Kim Koppelman			Type	1
	Representa Kim Koppelman Office Sought: X House Senate President Disbr	ursement For: Primary Other (spe	2010 X General ecify)	Туре	Kim Koppelman, STATE HOUSE 13th ND
	Representa Kim Koppelman Office Sought: X House Senate President State: ND District: 13	Primary	X General	туре	13th ND
	Representa Kim Koppelman Office Sought: X House Senate President Disbr	Primary	X General	Туре	Transaction ID: 35410070 Date of Disbursement
	Representa Kim Koppelman Office Sought: X House Senate President State: ND District: 13 Full Name (Last, First, Middle Initial)	Primary	X General	Туре	13th ND Transaction ID: 35410070
	Representa Kim Koppelman Office Sought: X House Senate President State: ND District: 13 Full Name (Last, First, Middle Initial) Oehlke for Senate Committee	Primary	X General	Туре	Transaction ID: 35410070 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Representa Kim Koppelman Office Sought: X House Senate President State: ND District: 13 Full Name (Last, First, Middle Initial) Oehlke for Senate Committee Mailing Address 125 Woodlea Drive City	Primary Other (spe	X General ecify) ▼ Zip Code	011	Transaction ID: 35410070 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Representa Kim Koppelman Office Sought: X House Senate President State: ND District: 13 Full Name (Last, First, Middle Initial) Oehlke for Senate Committee Mailing Address 125 Woodlea Drive City Devils Lake Purpose of Disbursement	Primary Other (spe	X General ecify) ▼ Zip Code		Transaction ID: 35410070 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Representa Kim Koppelman Office Sought: X House Senate President State: ND District: 13 Full Name (Last, First, Middle Initial) Oehlke for Senate Committee Mailing Address 125 Woodlea Drive City Devils Lake Purpose of Disbursement David Oehlke, STATE SENATE 15th ND Candidate Name ND Sen. David Oehlke Office Sought: House X Senate President	Primary Other (spe	X General ecify) Zip Code 58301 2010 X General	011 Category/	Transaction ID: 35410070 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Representa Kim Koppelman Office Sought: X House Senate President State: ND District: 13 Full Name (Last, First, Middle Initial) Oehlke for Senate Committee Mailing Address 125 Woodlea Drive City Devils Lake Purpose of Disbursement David Oehlke, STATE SENATE 15th ND Candidate Name ND Sen. David Oehlke Office Sought: House X Senate	State ND Ursement For: Primary	X General ecify) Zip Code 58301 2010 X General	011 Category/	Transaction ID: 35410070 Date of Disbursement M M / D D / Y Y O Y O Amount of Each Disbursement this Period 100.00 David Oehlke, STATE SENATE

	Use separate schedule(s	(check onl	NUMBER: PAGE 33/35
ITEMIZED DISBURSEME	Detailed Summary Page	21b 27	22 23 24 25 28 28a 28b 28c X 29
	ts and Statements may not be sold or usersing the name and address of any politic		
NAME OF COMMITTEE (In Full) American Council of Life Insure		<u></u>	
Full Name (Last, First, Middle Initial)			Transaction ID: 35410658
Vigesaa for House Committee			Date of Disbursement 0 6 1 7 2 0 1 0
Mailing Address P.O. Box 763			$\begin{bmatrix} 0^{M} & 0^{M} \\ 0 & 0^{M} \end{bmatrix} = \begin{bmatrix} 0^{M} & 0^{M} \\ 0 & 1 & 0^{M} \end{bmatrix} = \begin{bmatrix} 0^{M} & 0^{M} \\ 0 & 1 & 0^{M} \end{bmatrix}$
City Cooperstown	State Zip Code ND 58425		Amount of Each Disbursement this Period
Purpose of Disbursement			100.00
Donald Vigesaa, STATE HOUSE 23 Candidate Name	ard ND	011 Category/	
ND Rep. Donald Vigesaa	T B: 1	Туре	
Office Sought: X House Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼		Donald Vigesaa, STATE HOU- SE 23rd ND
State: ND District: 23			
Full Name (Last, First, Middle Initial) Wanzek for Senate Committee			Transaction ID: 35411153 Date of Disbursement
Mailing Address 900 Seventh	Avenue SW		06 7 7 7 2010
City Jamestown	State Zip Code ND 58401		Amount of Each Disbursement this Period
Purpose of Disbursement			100.00
Terry Wanzek, STATE SENATE 29 Candidate Name	th ND	011 Category/	
ND Sen. Terry Wanzek	T	Type	
Office Sought: House X Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼		Terry Wanzek, STATE SENATE 29th ND
State: ND District:			
Full Name (Last, First, Middle Initial) Wardner for Senate Committee	9		Transaction ID: 35411801 Date of Disbursement
Mailing Address 1042 12th Av	enue West		06 7 17 7 2010
City Dickinson	State Zip Code ND 58601		Amount of Each Disbursement this Period
Purpose of Disbursement Rich Wardner, STATE SENATE 37		011	100.00
Candidate Name Senator Rich Wardner		Category/ Type	
Office Sought: House X Senate President	Disbursement For: 2010 X Primary General Other (specify)		Rich Wardner, STATE SENATE 37th ND
State: ND District:	_		

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 35 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 23 24 25 27 28a 28b 28c X 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na		any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	· · · · · · · · · · · · · · · · · · ·	Timilities to solicit contributions from such committee
Full Name (Last, First, Middle Initial)		Transaction ID: 35412128
Johnson for House Committee		Date of Disbursement
Mailing Address 1308 A Empire Road		06 17 2010
City Dickinson	State Zip Code ND 58601	Amount of Each Disbursement this Perio
Purpose of Disbursement		100.00
Nancy Johnson, STATE HOUSE 37th ND Candidate Name Representa Nancy Johnson	C	011 category/ Type
	sement For: 2010 Primary X General Other (specify)	Nancy Johnson, STATE HOUSE 37th ND
Full Name (Last, First, Middle Initial)		Transaction ID: 35412911
Carlson for House Committee		Date of Disbursement
Mailing Address 2548 Rose Creek Park	vay South	06 06 17 7 7 20 10 4
City Fargo	State Zip Code ND 58104	Amount of Each Disbursement this Period
Purpose of Disbursement Al Carlson, STATE HOUSE 41st ND		011
Candidate Name Representa Al Carlson	C	ategory/ Type
Office Sought: X House Senate President State: ND District: 41	sement For: 2010 Primary X General Other (specify) ▼	Al Carlson, STATE HOUSE 41st ND
Full Name (Last, First, Middle Initial) Keiser for House Committee		Transaction ID: 35413308 Date of Disbursement
Mailing Address 422 Toronto Drive		06 0 1 7 7 2 0 1 0
City Bismarck	State Zip Code ND 58503	Amount of Each Disbursement this Period
Purpose of Disbursement George Keiser, STATE HOUSE 47th ND		011
Candidate Name Representa George Keiser	C	category/ Type
Office Sought: X House Disbur Senate President	sement For: 2010 Primary X General Other (specify)	George Keiser, STATE HOUSE 47th ND
State: ND District: 47		
SUBTOTAL of Disbursements This Page (optiona		• 400.00

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 35/35
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica			
Full Name (Last, First, Middle Initial)			Transaction ID: 35413439
North Dakota House Republican Caucus			Date of Disbursement
Mailing Address c/o Lisa Stenehjem 2421 North 4th Street			$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 7 & 7 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Bismarck	State Zip Code ND 58503		Amount of Each Disbursement this Perio
Purpose of Disbursement	ND 30303		200.00
<u> </u>		011	
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Tom Corbett for Governor			Transaction ID: 35451440 Date of Disbursement
Mailing Address P.O. Box 1145			$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City	State Zip Code PA 17108		Amount of Each Disbursement this Period
Harrisburg Purpose of Disbursement	PA 1/106		5000.00
Tom Corbett, GOVERNOR PA		011	
Candidate Name Mr. Tom Corbett		Category/ Type	
Office Sought: Senate President State: Disburs Disburs Senate	ement For: 2010 Primary X General Other (specify)		Tom Corbett, GOVERNOR PA
Full Name (Last, First, Middle Initial) Governor Branstad 2010			Transaction ID: 35477513 Date of Disbursement
Mailing Address P.O. Box 3747			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & D & D \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & D & D \\ D & D & D & D \end{bmatrix}$
City Urbandale	State Zip Code IA 50323		Amount of Each Disbursement this Period
Purpose of Disbursement Terry Branstad, GOVERNOR IA		011	1000.00
Candidate Name Gov. Terry Branstad		011 Category/ Type	
Office Sought: House Disburs Senate President	ement For: 2010 Primary X General Other (specify)	. , , po	Terry Branstad, GOVERNOR IA
State: District:			
SUBTOTAL of Disbursements This Page (optional)		>	6200.00
			8800.00